Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6-17-08</u>	Address:	7500 N. CR 300 W
Case #:	43F25992		<u>Freetown</u> , IN 47235
County:	<u>Jackson</u>		
Operati	nboratory Seizure (check one) onal Lab al/Glassware/Equipment (only) ite (only)	Scizure Location (c Residence Outbuilding Vehicle	eheck all that apply) If the interpolation is a series of the interpolation in the interpolation is a series of the interpolation in the interpolation is a series of the interpolation in the interpolation is a series of the interpolation in the interpolation is a series of the interpolation in the interpolation in the interpolation is a series of the interpolation in the interpolatio
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: 7 pallon air tank with modified valve-1/4 full Ilydrochloric Acid Gas Generator(s): Corrosive Acid: Other (item and location):			
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☐ Other: stealing anhydrous amm. *This report is to be faxed to the following agencies that serve the location: Fire Department: Hamilton Twp. F.D. Fax: Unknown Health Department: Jackson Co Fax: Unknown Child Protection Service: Jackson Co. Fax: Unknown			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Stephen Wheeles</u> Phone (812)522-1441			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.